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AUTHOR Rose, Jonathon M.; And Others
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ABSTRACT

This study explored personality characteristics of female help-seeking caregivers. Female caregivers (N=45) of elderly demented relatives were actively recruited through mass media and special interest groups to participate in a psychoeducational class to alleviate the frustrations of caregiving and increase life satisfaction. The Weinberger Adjustment Inventory (WAI), the Beck Depression Inventory (BDI), the State-Trait Anger Scale (STAS), the Appraised Burden Scale (VSBS), and the Positive and Negative Affect Scales (PANAS) were all instruments used. Results classified 47% of the sample as sensitized under the WAI, 18% were reactive, 16% were oversocialized, 16% self-assured, 4% repressive. No subjects were classified as undersocialized. There were no statistically significant differences on measures of state anger (STAS) or subjective and objective burden (VSBS). Reactive personality types were highest on STAS trait-anger scores. Sensitized types were highest on BDI and PANAS negative affect scores. Like the oversocialized types, the sensitized had low PANAS positive affect scores. Self-assured subjects were high on the positive affect scale of the PANAS, and low on the PANAS negative affect scale, BDI, and STAS trait-anger scales. The results of this study indicated that the WAI is appropriate for use with female caregivers of elderly and demented relatives, and offer hope that WAI can help clinicians understand the differential degrees of distress experienced in similar situations. (Author/BHK)

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Personality Type as a Determinant of Caregiver Distress: Preliminary Findings Using the Weinberger Assessment Inventory.

Jonathon M. Rose, Ph.D.[1]

Dolores Gallagher-Thompson, Ph.D.[1]

[1]Palo Alto VA Medical Center and
[1]Stanford University

Andrew Futterman, Ph.D.[2]

[2]Holy Cross College

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Send reprint requests to:
Jon Rose, Ph.D.
Division of Vision and Aging 124
Research and Resource Center
Palo Alto VAMC 182C / MPD
3801 Miranda Avenue
Palo Alto, CA 94304

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Abstract

45 female caregivers of elderly demented relatives were studied using the Weinberger Adjustment Inventory (WAI), the Beck Depression Inventory (BDI), the State-Trait Anger Scale STAS), the Appraised Burden Scale (VSBS), and the Positive and Negative Affect Scales (PANAS).

47% of the sample was classified as sensitized under Weinberger's typology. 18% were reactive, 16% oversocialized, 16% self-assured, 4% repressive. No subjects were undersocialized. Using MANOVA, the 5 personality types differed significantly in their positive affect scores (PANAS+) ($p < 0.003$), negative affect scores (PANAS-) ($p < 0.001$), BDI scores ($p < 0.000$), and trait-anger on the STAS ($p < 0.000$) There were no statistically significant differences on measures of state-anger (STAS), or subjective and objective burden (VSBS).

Reactive personality types were highest on STAS trait-anger scores. Sensitized types were highest on BDI and PANAS negative affect scores. Like the oversocialized types, the sensitized had low PANAS positive affect scores. Self-assured subjects were high on the positive affect scale of the PANAS, and low on the PANAS negative affect, BDI and STAS trait-anger scales. The results of this study indicate that the WAI is appropriate for use with elderly female caregivers, and offer hope that WAI scores can help clinicians understand the differential degrees of distress experienced by caregivers in similar situations.

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Jonathon M. Rose, Ph.D.[1]

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[2]Holy Cross College

SCIENTIFIC PROBLEM

The purpose of this study was to explore personality characteristics of female help-seeking caregivers. Approximately 12 percent of non-institutionalized elderly are unable to provide their own basic care needs (activities of daily living) without assistance (Shanas, 1977). Relatives provide most of their needed help, with formal support services as a supplement to this care (Department of Health & Human Services, 1987). The relatives who identify themselves as "caregivers" are usually wives, daughters or daughters-in-law (Stone, 1987; Blum, Kelly & Gatz, 1989). A large body of literature has demonstrated that most self-defined caregivers experience clinically significant levels of negative affects such as anxiety, guilt, anger and resentment -- far in excess of their non-caregiving peers (Bardach, 1969; Sanford, 1975; Rathbone-McCuan, 1976; York & Calsyn, 1977; Blazer, 1978; Lezak, 1978; Mayou, Foster-Williamson, 1978; Fengler & Goodrich, 1979; Koopman-Boyden & Wells, 1979; Farkas, 1980; Crossman, London & Barry, 1981; Polansky, 1982; Rabins, Mace & Lucas, 1982; Zarit, 1982; Cantor, 1983; Hentinen, 1983; Johnson, 1983; Poulshock & Deimling, 1984; Ayer, 1984; Rose, 1984; Brody, 1985; Coppel, et al., 1985; Snyder & Keefe, 1985; George & Gwyther, 1986; Groves, 1988; Gallagher, Rose, Rivera et al.,1989;). Yet, this distress is difficult to explain, because surprisingly few studies have found evidence linking caregiver distress to characteristics of the care-receiver, other than highly disruptive behavior (Poulshock & Deimling, 1984; Peters, 1988) and male gender (Worcester & Quayhagen, 1983).

Many studies have found significant correlations between demographic characteristics of caregivers (such as age and income) or caregiver's subjective assessment of burden, and negative affect or psychopathology. Recent reviews of this literature include Rose (1989) and Farkas (1988). Surprisingly, few studies have attempted to explain

why some caregivers appraise their burden as far greater than other caregivers in similar situations. Exceptions to this trend are Peters (1988), Groves, (1988), and Rose (1989).

Clearly, caregiving holds a different meaning for different caregivers. The meaning given to the caregiving experience appears to be mediated by more than the amount of care required, family demographics, or environmental resources. There is a need to further explore the personality characteristics of caregivers who seek formal support services, in order to better understand and meet their needs.

MEASURES

Weinberger & Schwartz (in press) recently introduced a more comprehensive typology of personality styles than those previously applied to the study of caregivers. Using the dimensions of (characterlogical proneness to) distress and (self) restraint as defined by the Weinberger Adjustment Inventory (WAI, Weinberger (1989), they empirically derived prototypic descriptions of six social-emotional adjustment styles. (See Figure 1.)

It is important to remember that proneness to distress and self-restraint as defined by Weinberger & Schwartz are traits. Thus an individual high in distress may feel very calm at the time of testing, but a group of people high in distress is likely to obtain a higher mean on a distress measure like the Beck Depression Inventory at the time of testing than a group of people low on Weinberger's distress measure.

Reactive personality types (high distress vs low restraint) were characterized by poor emotional control, proneness to histrionic and borderline personality disorders, poor self-concept, many neurotic symptoms, and high in impulse gratification.

Undersocialized types (low distress and low self-restraint) were described as self-expressive, prone to anti-social and narcissistic personality disorders, had high self-concepts, few neurotic symptoms and high impulse gratification.

Sensitized people (high distress and moderate restraint) were described as having a poor self-concept and many neurotic symptoms. They are more likely than most people to be physically ill.

Self-assured people (low distress and low self-restraint) were expressive, physically healthy individuals with high self-concepts and few neurotic symptoms.

Oversocialized personality types (high distress and high restraint) were characterized as unexpressive, prone to avoidant and dependent personality disorders and psychosomatic illness, poor self-concept, many neurotic symptoms and low in impulse gratification.

Repressive (low distress and high self-restraint) individuals were over-controlled, prone to compulsive personality disorder, frequently physically ill, had high self-concepts with few neurotic symptoms, and were low in impulse gratification.

The WAI has been normed for middle-aged adults (ages 31-64) (Weinberger, under review). Internal consistencies of the two defensiveness scales of distress and self-restraint were above .91 and .85 respectively. Confirmatory factor analyses reliably reproduced the six derivative personality types in clinic and non-clinic samples.

The typologies defined by the WAI appeared very useful for the study of family caregivers, so we decided to pilot its psychometric properties with this population. In particular, we were interested in establishing concurrent validity with four measures of more narrowly defined constructs that had been validated for use with caregivers.

The first measure we looked at, The Beck Depression Inventory (BDI, Beck, Ward, Mendelson, Mock & Erbaugh, 1961) is a widely used self-report measure of depression, which had been demonstrated to hold high internal consistency and construct validity with middle and older aged adults (Gallagher, Nies & Thompson, 1982; Gallagher, et al., 1983; Watkins & Kligman).

The State-Trait Anger Expression Inventory (STAXI, Speilberger, et al. (1985) was used to measure current (state) anger and the propensity to get angry when stimulated (trait-anger).

The Appraised Burden Scale (VSBS, Vitaliano et al., 1989) has been demonstrated to measure objective and subjective burden associated with caring for a demented relative, in a way which is orthogonal to measures of depression, anxiety or global stress. The Vitaliano group has spent considerable time and effort to refine this measure, which in our opinion has demonstrated significant improvements in both internal and external validity relative to the many other caregiver burden measures previously published.

Lawton, et al. (1989) have discussed at length the importance of considering the positive affects that result from a caregiver's appraisal of her role. However, the literature lacks a strong measure to test this hypothesis.

Watson, Clark & Tellegen (1988) recently developed two 10 item positive and negative affect scales (the PANAS) with high internal consistency and two month re-test stability. The two scales are not correlated (demonstrating that positive and negative affects are not poles of the same scale) and show strong convergent and discriminant validity.

SUBJECTS AND PROCEDURES

Forty-five female caregivers of elderly demented relatives were actively recruited through mass media and special interest groups to participate in a psychoeducational class to alleviate the frustrations of caregiving and increase life satisfaction. The WAI, BDI, STAXI and PANAS were self-report measures filled out by subjects following a two hour interview which included the VSBS. All measures were completed prior to the intervention component of this study. Twenty-three of the subjects were wives of the demented person, 18 were daughters, and four were daughters-in-law. No significant differences by relationship were found on any of the WAI variables. Since this was the primary measure of interest and the sample size was small, the entire sample was analyzed together in this preliminary report.

A description of the sample's demographic characteristics can be found on Table 1.

The frequencies with which each personality type occurred was of interest for predicting the efficacy of recruitment efforts in selecting those caregivers most likely to benefit from treatment.

RESULTS AND DISCUSSION

Forty-seven percent of the sample was classified as sensitized under Weinberger's typology. Eighteen percent were reactive, 16% oversocialized, 16% self-assured, 4% repressive (see Table 2 and Figure 2). No subjects were undersocialized.

The absence of undersocialized and near-absence of repressive subjects is not surprising. Both groups are unlikely to perceive themselves as having a problem, and therefor are not likely to volunteer for interventions. We predict that undersocialized caregivers, when they do seek help, are at high risk for various types of elder abuse, whereas repressives are likely to be guilty of neglect.

The over-representation of sensitized caregivers in our sample was most heartening. Sensitized caregivers, according to Weinberger's typology, should differ from the self-assured in their predisposition to over-react to distressing stimuli. This hypothesis is confirmed by the

differences between these two groups on measures of current distress, and their similarity on the Vitaliano Spouse Burden Scales. Our prior research (Lovett, et al., 1989) demonstrated that psychoeducational classes like those offered to these subjects can increase utilization and effectiveness of cognitive and behavioral coping skills. In the past, we had hypothesized that a lack of self-efficacy prevented caregivers from using these skills prior to intervention (Zeiss et al., under review.) The current data indicate that a majority of subjects who volunteer for formal support services may be oversensitized to distressing stimuli, and may benefit from interventions which emphasize coping strategies with graded in-vivo practice.

Of further interest is the tendency of sensitized subjects to report low positive affect scores, and reactive subjects to report a greater propensity toward anger (STAXI trait-anger). Interventions designed to increase pleasant events might be differentially effective for the former group, while interventions designed to increase assertiveness and anger management skills may be more beneficial to the latter.

The relationship between each measure of affect or burden and the various personality types was explored using multivariate analysis of variance (MANOVA). (The repressive type had to be dropped from this analysis due to only having two subjects who met this criteria.)

The five personality types differed significantly in their positive affect scores (PANAS+) ($p < 0.003$), negative affect scores (PANAS-) ($p < 0.001$), BDI scores ($p < 0.000$), and trait-anger on the STAXI ($p < 0.000$) (see Table 2). There were no statistically significant differences on measures of state-anger (STAXI), or subjective and objective burden (VSBS).

As shown on Table 2, reactive personality types were highest on STAXI trait-anger scores. This is what we expected from subjects reported to have low emotional control, poor self-concepts and a history of impulse gratification.

Sensitized types were highest on BDI and PANAS negative affect scores. In a random probability sample of older women, we might expect these scores to be lower, but these are women who cope well except when stressed in a particular area, who are caring for a terminally ill relative and are seeking assistance. Thus we see that caregiving may be these women's area of vulnerability.

Like the oversocialized types, the sensitized had low PANAS positive affect scores. My guess would be that a lack of positive affect is chronic in oversocialized women, and

more of an acute problem in the sensitized group. While we don't have any data to investigate this hypothesis presently, I predict that our outcome study will show greater improvement in the sensitized group in this domain.

Self-assured subjects were high on the positive affect scale of the PANAS, and low on the PANAS negative affect, BDI and STAXI trait-anger scales. Although the repressive group was too small for statistical analysis, it is noteworthy that in general they reported more positive affect and less negative affect than any other personality type. This is just what we would expect from denial-copers.

Identification of denial-copers is important to clinicians and researchers alike. From a clinical viewpoint, it is vital to know when a particular client is unlikely to tell us the full extent of problems they are experiencing, and to correctly interpret the magnitude of those few complaints that do get expressed. For example, such a caregiver might express feeling a little guilty about spending time away from her husband (a common complaint from other caregivers) as a way of letting her therapist know that she is overwhelmed by caregiving and may be guilty of neglect.

Researchers need to be able to identify denial-copers because in these subjects results of interventions considered negative for other subjects are likely to represent improvement. For example, an intervention like ours might make a denier more aware of problems she needs to address. While this may result in more adaptive behavior and better care for the frail elder, it may also create an increase in negative affect for the caregiver. For these reasons we are hopeful that a larger sample will validate the identification of repressive caregivers with the WAI.

Between-group differences were insignificant for the STAXI state-anger and the VSBS subjective and objective burden scales.

Convergent and divergent validity between the various personality types and measures of affect and trait-anger were all in the directions predicted by Weinberger & Schwartz's typology. We haven't said much so far about the lack of between group differences on the burden and state-anger measures. We expected similarities on objective burden, since all subjects are caring for moderate to severely demented relatives.

The lack of convergence on the subjective burden measure indicates that unlike it's predecessors in the literature, the VSBS really does measure something which is distinct from general distress or negative affect. Consistent with our clinical impressions, subjective burden

appears to be very specific to the psychological needs of the respondent, and not correlated with objective burden or even personality type.

Finally, state-anger appears to be a highly charged and short lived affect state, well distinguished from slow-simmering trait-anger.

Coefficient alphas for distress and restraint were disappointingly low, .716 and .569pp respectively. It is hard to know whether a larger sample will yield better reliability. In our prior research (Gallagher, et. al, 1989; Lovett, et. al, 1989), we have found that caregivers tend to respond differently than other older adults on most measures of personality, distress and coping. Although the obtained measures of internal consistency indicate that caregiver distress and restraint may indeed be something different from what non-caregivers experience, the convergence with other measures suggests that Weinberger's personality descriptions do hold up for this sample. As our longitudinal study progresses, we will assess the test-retest reliability of the WAI.

The results of this study indicate that the WAI is appropriate for use with elderly female caregivers, and offer hope that WAI scores can help clinicians understand the differential degrees of distress experienced by caregivers in similar situations.

Figure 1 -- *Weinberger's Six-Group Typology:*

	Self-Restraint		
	Low	*Moderate*	*High*
	REACTIVE	**SENSITIZED**	**OVERSOCIALIZED**
High	Low Emotional Control	Low Self-Concept	Low Self-Expresssion
	Proneness to Personality Disorders (histrionic or borderline)	High Neurotic Symptoms	Proneness to Personality Disorders (avoidant or dependent)
	Low Self-Concept		High Physical Illness
	High Neurotic Symptoms		Low Self-Concept
D	High Impulse Gratification		High Neurotic Symptoms
I			
S			Low Impulse Gratification
T			
R			
E			
S	**UNDERSOCIALIZED**	**SELF-ASSURED**	**REPRESSIVE**
S	High Self-Expression	High Self-Expression	High Emotional Control
	Proneness to Personality Disorders (antisocial or narcissistic)	Low Physical Illness	Proneness to Personality Disorders (compulsive)
	High Self-Concept	High Self-Concept	High Physical Illness
	Low Neurotic Symptoms	Low Neurotic Symptoms	High Self-Concept
	High Impulse Gratification		Low Neurotic Symptoms
Low			Low Impulse Gratification

Coping Styles
Among Female Caregivers

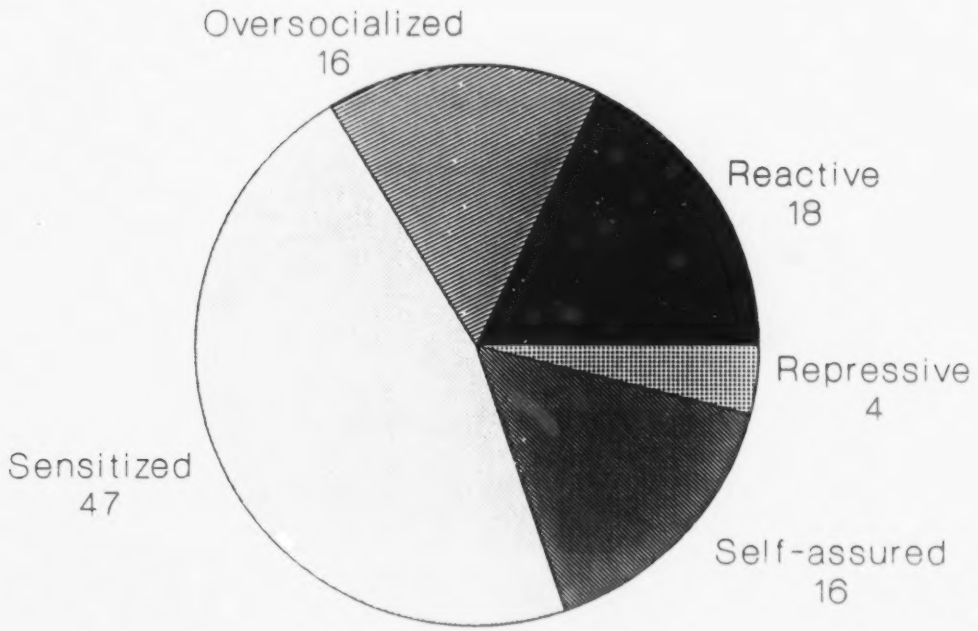

TABLE 1
DEMOGRAPHICS
N=48

	Minimum	Maximum	Mean	SD
Caregiver's Age:	47	77	61.3	8.3
Patient's Age:	54	97	75.9	10.3
Family Income:	$5,000	>100,000	40,000	
Caregiver's Ed (yrs.):	5	17	14.9	3.2
Patient's Ed (yrs.):	6	17	13.3	3.2

TABLE 2
MEANS AND STANDARD DEVIATIONS
FOR EACH PERSONALITY TYPE

	Reactive n=8		Sensitized n=21		Oversocialized n=7	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
PANAS+*	31 05		26 08		27 10	
PANAS-*	19	06	22	07	17	05
BDI*	10	04	16	06	12	03
STATE-ANGER[1]	14	05	13	07	10	01
TRAIT-ANGER[1]*	23	06	17	03	18	03
VSBS-SUBJECTIVE[2]	33	17	29	17	25	07
VSBS-OBJECTIVE[2]	13	05	12	06	10	02

	Undersocialized n=0		Self-assured n=7		Repressive n=2	
			$\bar{X}$	SD	$\bar{X}$	SD
PANAS+*			37	07	45	08
PANAS-*			11	02	10	00
BDI*			05	04	04	03
STATE-ANGER[1]			10	00.4	10	00
TRAIT-ANGER[1]*			14	03	11	01
VSBS-SUBJECTIVE[2]			20	11	03	03
VSBS-OBJECTIVE [2]			09	03	03	03

1 STAS (Speilberger, et al.)

2 VSBS (Vitaliano et al.)

* $p < .01$